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THE  
MOTHER'S REGISTER

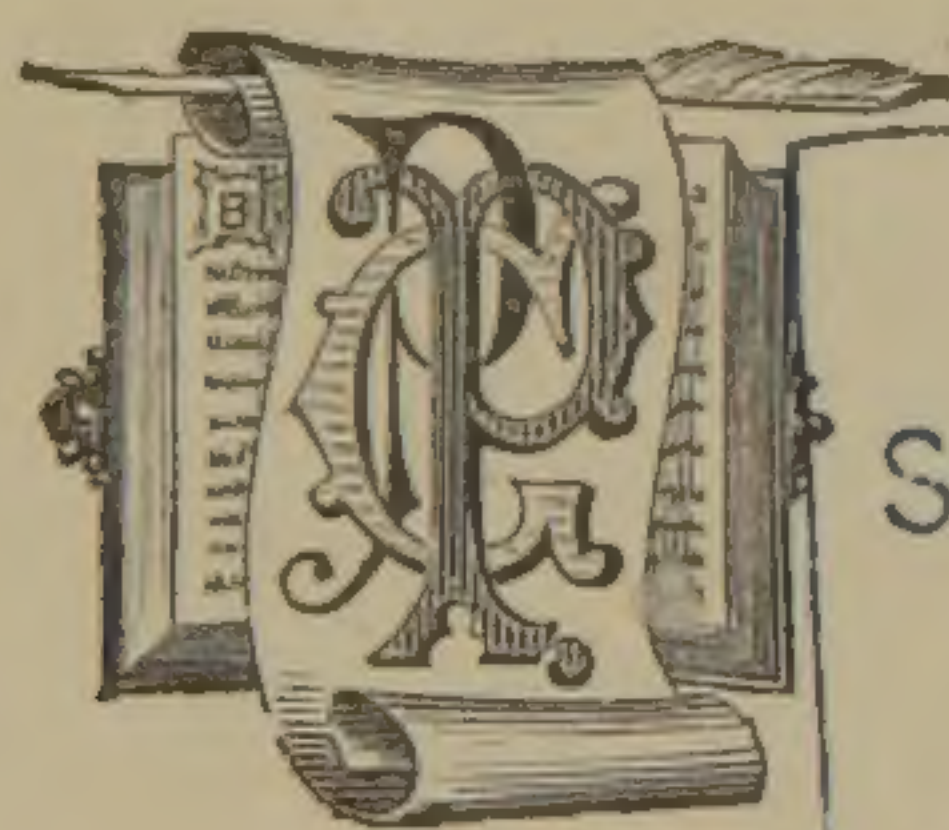
CURRENT NOTES

OF THE  
HEALTH OF CHILDREN

PART I  
BOYS

*The Mother records for the Physician to interpret*

FROM THE FRENCH OF  
PROFESSOR J. B. FONSSAGRIVES



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G. P. PUTNAM & SONS

FOURTH AVENUE AND TWENTY-THIRD STREET

1873



Annex

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## TRANSLATOR'S PREFACE.

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THE TRANSLATOR—who is a layman, but whose work has been revised by a competent medical critic to whom he here acknowledges his very great obligations—was led to his task by a previous habit of noting his own health and that of his family, in an imperfect way, and by his knowledge of other heads of families who were more or less given to the same practice. All such, and, he trusts, many others, will feel grateful for the improved health-register thus made available for them.

Except in a few trivial details, nothing has been added to or taken from Professor Fonssagrives's well-thought-out schedules. Occasionally they have been adapted to American circumstances. On this principle, the Girls' Register has been allowed the schedules relating to *Physical Exercise and Strength* and *Mental Exertion*, prepared only for boys in the original plan. In a country where girls go to college, and pursue all kinds of calisthenics and gymnastics, to omit these schedules would be to fail to take account of existing facts.

Since the Register has partly the character of a medical manual for domestic uses, the Translator has ventured to add a brief compilation on two very important subjects, in the form of an appendix. The chapter on 'Breathing' (which will be found to have an interesting connection with Tyndall's recent lectures on the 'Impurity of the Air') consists of quotations from the little work by Mr.



George Catlin, called 'The Breath of Life,' published in New York by Messrs. John Wiley & Son. The Translator strongly recommends every mother to purchase a copy, and study it.

If he could truthfully add that this is an authorized version and edition, the Translator would gladly do so. While waiting for an international copyright law to remove the opportunity of appropriating the labors of others without their previous consent, he holds himself bound to admit Professor Fonssagrives to a share in the profits from the sale of this work.

NEW YORK, July 15, 1870.



## AUTHOR'S PREFACE.

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IN a work already known to a number of mothers,\* I pointed out, about a year ago, the advantages which a mother's observations, methodically and intelligently conducted, would afford for the treatment of children, and I set forth all the assistance which medicine might derive from them. On this point I remarked :

‘Just as there is folly and danger in not calling in the physician until disease has crossed the threshold of the house, not otherwise must the mother's observations begin, in some sort, from the first days of existence, and continue without interruption, so that she may have at hand the annals of the health of each one of her children, and need merely turn them over to the physician when he has been summoned in consequence of some indisposition.

‘How much more simple would be our task, how much more efficacious our intervention, if we had such a resource! But, clearly, so many details could not be retained by the memory: they must be written down, and this is a care which I expressly recommend to mothers. They have and keep, with a regularity which does them honor,† an account of income and expenses: why should they not record incidents of development or sickness as they occur from time to time—now the process of teething, now the measles, or, again, a cold or the chicken-pox? The physician,

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\* ‘*Le Rôle des Mères dans les Maladies des Enfants; ou, Ce qu'elles doivent avoir pour seconder le Médecin.* Paris, 1869.’

† [The author is speaking of his countrywomen.—TRANSLATOR.]



if questioned by them after any illness, would furnish them the proper designations for it, and these they would carefully note. No theories, no hypotheses—precise facts, with their dates, and nothing more. . . . What I propose, be it remarked, is not a health account difficult to keep: only a word every three or four months, and one has orderly notes capable of usefully informing the physician, and the benefit of which may extend from infancy over the whole life. It is seldom, in fact, that the health formula of the first years does not repeat itself, with some differences of form, through the whole term of existence, and it would, therefore, contain information serviceable at every age.

How much security in these five or six pages written in the course of fifteen years! And, since “happy is the people whose history is not long,” many families would have this happiness also, and would find their task still more simplified. I cannot too urgently advise mothers to keep this journal exactly; it is the only means of establishing and preserving those health traditions without which medicine is practised a little by haphazard, or at least upon information necessarily imperfect. More than this, when the records have been properly and periodically kept, there may, by comparing them at any given moment, be gained knowledge peculiarly profitable for all the members of the same family.’

The ‘Mother’s Register,’ which I publish to-day, is the practical realization of that idea, which, conceived and expressed somewhat vaguely then, has since, on reflection, taken clearly defined shape. It offers to mothers, in small compass, and with divisions already traced, which will fix their ideas and assist their memory, a guide which perhaps will give them a taste for these so useful details, and enable them to comprehend their importance.

The author is much mistaken if this idea does not bear practical fruit in abundance. Some part of what he foresees (if this be an illusion, let it be forgiven him!) is the increase in families of the sense of the real value of health, and of the care which it demands; traditions established and preserved in matters which are commonly entrusted to recollections necessarily fallible and incomplete; the mitigation, as far as is possible, of the inconvenience of a constant change of physician, the regrettable consequence of our cosmopolitan habits; the possible proof of connection between two



sickneses, remote from each other in point of time, but associated by a common nature or a common filiation; hereditary resemblances between children of the same family brought to light where they had not been suspected; individual peculiarities of susceptibility to this or that medicament, to this or that hygienic condition, brought to the physician's attention; exceptionally valuable deductions drawn from the inheritance, nursing, growth, diseases, and indispositions of infancy—in a word, from the *tout ensemble* of the previous life of the little invalid; and, finally, besides these results directly applicable to families which can keep well these archives of their health, general scientific results by which everybody would be benefited in the long run, and which would not fail to arise (for minds disposed to generalize) from the comparison of these records in the same family, or of the records of different families, if permitted. What precious light, indeed, would not be shed by the medical history of three or four generations in the same family, if we should have under our eyes the exact materials, gathered upon a uniform plan!

I have sought to give to the tables annexed the least complicated and the most comprehensible form. They therefore embrace only palpable and material facts, expressed in untechnical language, and easily within range of the mother's observation. Brief notes meet the case in which she might fairly be embarrassed. I have omitted all that might appear difficult or superfluous; *i. e.*, all that might seem to wander from the immediately and exclusively practical end I have in view. I have not forgotten that, amid the complexities of actual life, one must exact but little trouble and time for a new occupation, even though it relates to the most serious and urgent of interests. Mothers who, appreciating the value of so doing, write down at random straggling notes without real utility—of small use for the present, and certainly without interest for the future—will see with pleasure, I trust, their task thus abridged, and rendered more fruitful.

As for the designations of diseases, they may, doubtless, in the great majority of cases, be made directly by mothers, for but few are here introduced of which the symptoms and the name are not generally familiar; and the characterizations of them which I have traced will suffice, I hope, to make them easy of recognition. As



for others, the physician, if questioned, will aid the mother's experience, and second her in her task. The only objection which might be made to this Register, drawn from the fear of divulging in this way and preserving certain details of health which enjoin discretion, falls before the consideration that one is always free to write down an item, or to commit it to memory solely; moreover, the questions have been so arranged as to give no ground for susceptibilities of this kind.

Although the essential points of good health are the same, in the main, for children of both sexes, nevertheless, as these approach adolescence, special points of difference become developed, and I have therefore made two separate registers, sufficiently distinguishable by the indication upon the title-page.

If this custom could take root in families, doubtless incalculable advantage would result, and in more than one point of view: if, indeed, there is need of clear-sightedness in money affairs, and if one sees clearly only by keeping strict and regular accounts, there is no less interest and no less urgency in keeping the *account current* of health. A word written at long intervals, every two or three months, perhaps still less often, a date, a detail, written down here and there—that is to say, in reality fewer hours than there are years in the course of an ordinary education, devoted to this task—and you have increased security, and with it that sense of dignity and satisfaction which always accompanies a duty better and more intelligently fulfilled.

Moreover, besides the material advantage of careful observations, the mind foresees another, of a different order, and which is not without interest for it. These *Health Annals* of children become also annals of the solicitude of their mothers; and when, having in their turn founded a family, and reached that period of life when memory is fondest of retracing the past, they shall discover anew in these notes, written by a dearly-beloved hand, the material evidence of the care which they once received, of the anxiety and sleeplessness which they once cost, it is impossible that they should not experience an emotion of gratitude, or be strengthened in the sense of the care which they owe to the health of their own children, and, consequently, that the family spirit should not find this an occasion of confirming itself.



May this little book in every way accomplish the good which I dare to hope from it, and may especially, for each young mother who shall write in it the first word, the pages devoted to sickness remain always as blank and empty as possible!

MONTPELLIER, June 24, 1869.



PRACTICAL HINTS  
FOR  
KEEPING THE REGISTER.

---

MAKE your entries as brief as possible. Use the initials indicated in the foot-notes, instead of the full words.

Items which do not apply are to be stricken out. For example, under *Descent and Consanguinity*, the last three items may be struck out in most cases; under *Nursing*, the items of 'nurse' and 'bottle' may sometimes be cancelled.

If more room is wanted, write on the blank page following the table, with a reference.

Blank pages are reserved at the end of the Register for any other records which the mother may see fit to make.



# GENERAL DATA.

---

I. Surname: \*

II. Given names:

III. Date of birth:

IV. Birthplace:

V. Residences:

Names of Places.	Date of Going There.	Circumstances of Dwelling. †

---

\* Of course, if there is need of discretion and reserve, the family name may be suppressed, or replaced by an initial.

† That is, whether healthy, marshy, town or country; house roomy and wholesome, or damp, etc.



GENERAL DATA.

*Additional particulars:*



## DESCENT AND CONSANGUINITY.

## I. Descent:

A. Ancestors :	I. Paternal.	a. Grandfather . .				
		b. Grandmother . .				
		c. Great-uncle . . .				
		d. Great-aunt . . .				
	II. Maternal.	a. Grandfather . .				
		b. Grandmother . .				
		c. Great-uncle . .				
		d. Great-aunt . . .				
B. Father	.	.	.	.	.	
C. Mother	.	.	.	.	.	
D. Brothers :	1.	.	.	.	.	
	2.	.	.	.	.	
	3.	.	.	.	.	
E. Sisters :	1.	.	.	.	.	
	2.	.	.	.	.	
	3.	.	.	.	.	
F. Uncles and Aunts :	Paternal.	1.	.	.	.	
		2.	.	.	.	
	Maternal.	1.	.	.	.	
		2.	.	.	.	
G. Cousins-german :	1.	.	.	.	.	
	2.	.	.	.	.	
	3.	.	.	.	.	

## II. Consanguinity of the parents:

- A. Uncle and niece :  
B. Aunt and nephew :  
c. Cousins-german :

\* Very good ( V G ); good ( G ); tolerably good ( T G ); delicate ( D ); feeble ( F ); bad ( B ); confirmed invalid ( C I ).

+ Tendency to cerebral disorders (C); nervous (N); catarrhal (CA); pulmonary (P).



DESCENT AND CONSANGUINITY.

*Additional particulars:*



# BIRTH.

## I. Birth at Term :

## II. Premature birth :

PERIOD.*	CAUSES.
	A. Accidents : B. Moral impressions : C. Disease, { acute : { chronic : D. Unknown :

III. Circumstances of pregnancy: {  
A. Normal pregnancy :  
B. Uneasy pregnancy : { Vomiting : †  
                                  { Various discomforts : †  
C. Ailing pregnancy : { Acute diseases :  
                                  { Chronic diseases :

IV. Circumstances of delivery. {  
A. Natural :  
B. Laborious :

V. Condition of the infant: {  
A. Sound : §  
B. Sickly : { 1. Feebleness :  
                  { 2. Apoplexy :

\* State the month of pregnancy at which the child was born.

† Note the period of appearance and disappearance. Was it present in former pregnancies?

‡ Oppression ( Op ) ; neuralgia ( N ) ; varicose veins ( V ) ; swollen feet ( S F )

§ Hearty ( H ) ; ordinary ( O ).



BIRTH.

*Additional particulars :*



# NURSING.

---

I. Duration:	{	1. By the mother:	months	days.
		2. By the nurse :	months	days.
		3. By the bottle :	months	days.
		TOTAL:	<hr/> months	<hr/> days.

II. Addition of other food to the milk:	{	1. Age of the child :
		2. Kinds of food at first :

## III. Complications and trials in nursing:

A. Change of nurse :

B. Sickness of the nurse :

C. Sickness of the child :	{	A. Vomiting : *
		B. Diarrhœa : †
		C. Thrush :

---

\* Rare ( R ) ; frequent ( F ) ; habitual ( H ).

† Rare ( R ) ; frequent ( F ). State how often.



## NURSING.

*Additional particulars:*



# WEANING

---

- I. Age at which weaning took place: \*   year   months   days.
- II. Locality:
- III. Season:
- IV. Duration of weaning:
- V. Mode of Weaning: { A. Abrupt:  
B. Gradual:
- VI. Progress of teething at the moment of weaning: { A. Number of teeth:  
B. Condition of the eye and stomach teeth:
- VII. Return to nursing: { A. Time:  
B. Duration of the renewal:  
C. Effects:
- VIII. Accidents of weaning: { A. Emaciation:  
B. Diarrhœa:  
C. Dysentery:  
D. Vomiting:  
E. Cholera infantum: †
- 

\* The time of weaning cannot be fixed *à priori*: this is for the physician to determine, and is often a delicate matter. Care must be taken not to wean children having an uneven number of teeth, because they are in the full crisis of dental evolution. In southern lands, the winter and spring should be chosen, as far as possible, for weaning.

† Cholera infantum is most apt to break out under one of the three following influences: Hot weather; teething; weaning. When all three are combined, it is greatly to be feared. It may be known by the following symptoms: Cold skin; marked change of expression; hollow eyes; watery diarrhœa; emaciation in a few hours. Mothers should know that it is not always fully developed at the outset, but often originates in an apparently harmless diarrhœa, which suddenly changes its character under the action of one of the above-mentioned causes.



WEANING.

*Additional particulars.*



# VACCINATION.

---

*(Vaccination, if carefully performed, is attended with no discomfort whatever. Not to VACCINATE one's children is to be guilty of great cruelty towards them. Not to REVACCINATE them is to expose them to the risks of an imprudence.)*

I. Age of the child when vaccinated: \*

II. Source of the vaccine: {  
A. From arm to arm :  
B. Preserved vaccine :  
C. Animal vaccine :

III. Part of the body vaccinated:

IV. Number of punctures: {  
A. Actually made :  
B. Developed vesicles :

V. Duration of the eruption: †

VI. Character of the vaccination: ‡

VII. Period of revaccination: §

VIII. Statement of its effects :

---

\* Vaccination should take place as soon as possible, and in the first few days in times of small-pox epidemic. Ordinarily, the child should be vaccinated before the labor of teething, towards four or five months of age. If delayed, and there is no urgency on account of an epidemic, choose a time when the child is not cutting any teeth.

† From the moment when the puncture becomes inflamed to the drying up of the vesicle.

‡ First three or four days, a period of local inertia; about the fourth day, inflamed pimple; vesicle on the seventh, which fills on the eighth, ninth, tenth, and eleventh days; desiccation on the twelfth; detachment of the scab, from the twenty-fourth to the twenty-ninth day. Distrust the protecting virtue of pustules which develop too rapidly. In any event, always have a physician verify the progress of the vaccination.

§ The utility of revaccination is beyond question, and the practice ought to become general. Children should be revaccinated at the age of twelve or thirteen.



## VACCINATION.

*Additional particulars:*



# TEETHING.

## I. Age at which the different groups cut through:

TEETH.*	AGE.		Inci- dentst	TEETH.	AGE.		Inci- dents.
	Mos.	Days.			Mos.	Days.	
First tooth.							
Twentieth tooth				Second			
Middle incisors.	U.	{ 1 2		molars.	L.	{ 1 2	
		{ 1 2				{ 1 2	
Side incisors.	U.	{ 1 2		Second teeth, from 6 to 25 years.	1st molars.		
		{ 1 2			Middle incisors.		
First molars.	U.	{ 1 2			Side incisors.		
		{ 1 2			Ant. bi- cuspids.		
Canines.	U.	{ 1 2			Pos. bi- cuspids.		
		{ 1 2			Canines.		
					2d molars.		
					3d molars.		

## II. Irregularities of dentition: ‡

- A. Precocity:
- B. Backwardness.
- C. Supernumerary teeth:
- D. Teeth wanting:

## III. Dental decay: §

- A. First teething:
- B. Intermediate teething
- C. Final teeth:

\* U stands for the upper, L for the lower teeth. The figure 1 indicates the teeth on the right side; 2, those on the left.

† Fever (F); diarrhoea (D); cough (C); convulsions (Con); normal condition (N).

‡ Average age of the various teething: (1) First teething, from 7 to 9 months;



## TEETHING.

### *Additional particulars:*

---

(2) twentieth tooth, from 20 to 26 months; (3) teething of renewal, begins generally at 6 years with first molars; middle incisors at 7, side do. at 8; anterior bicuspids at 9, posterior do. at 10; canines, 11 to 12; second molars, 12 to 13; third do. (wisdom) 17 to 25.

§ Note the teeth which have decayed by their group name and their ordinal number, thus: First upper incisor ( 1 | U ); second lower incisor ( 2 | L ); second upper bicuspids ( 2 B U ); right lower canine ( C L R ); left upper canine ( C U L ); right upper canine ( C U R ), etc.



# WEIGHT.\*

- I. Weight of the infant at its birth:
- II. Subsequent weight:

AGE.	WEIGHT.		AGE.	WEIGHT.		AGE.	WEIGHT.	
	lbs.	oz.		lbs.	oz.		lbs.	oz.
1 month. .			2 years . .			12 years .		
2 months			3 years . .			13 years .		
3 months			4 years . .			14 years .		
4 months			5 years . .			15 years .		
5 months			6 years . .			16 years .		
6 months			7 years . .			17 years .		
8 months			8 years . .			18 years .		
10 months			9 years . .			19 years .		
12 months			10 years . .			20 years .		
18 months			11 years . .			21 years .		

## III. Ages at which the weight has diminished:

IV. Causes of diminished weight:	{	A. Hygienic causes:	1. Bodily fatigue:
			2. Mental fatigue:
		B. Morbid causes:	3. Rapid growth:
			4. Bad habits:
			1. Indispositions:
			2. Sickness:

\* Nothing can be more important, at a given moment, than these comparative weights; nothing is easier to take. Scales are now made very easy to manage, and scarcely cumbersome. Employed for a multitude of domestic purposes, they would be not less useful for the health of children.



WEIGHT.

*Additional particulars:*



# GROWTH.

I. Length at birth : \*

II. Measure of growth from year to year :

AGE.		HEIGHT.		AGE.		HEIGHT.		AGE.		HEIGHT.	
		ft.	in.			ft.	in.			ft.	in.
1 year. . .				7 years. .				13 years. .			
2 years. .				8 years. .				14 years. .			
3 years. .				9 years. .				15 years. .			
4 years. .				10 years. .				16 years. .			
5 years. .				11 years. .				17 years. .			
6 years. .				12 years. .				18 years. .			

III. Irregularities : †

A. Retarded growth :

B. Premature growth :

C. Growth by leaps :

D. Excessive growth :

IV. Diseases in growing :

	EMACIA- TION.	ST. VITUS' DANCE.	CHRONIC COUGH.	FEVER.	
				ACUTE.	SLOW.
Age. .					
Duration .					
Severity ‡					

V. Hereditary particulars

as to height : §

A. Father :

B. Mother :

C. Brothers or sisters :

1.

2.

3.

\* Nothing is easier and less troublesome than to measure a new-born child. One has only to stretch it upon a table, or on a piece of pasteboard, and, keeping its



## GROWTH.

### *Additional particulars:*

---

legs out straight, to draw two lines, one touching the soles of the feet, the other the top of the head. As to subsequent measurements, it will only be necessary, taking account of the thickness of the shoes, to rest a square upon the top of the head, and to mark the height upon the door-case, or, better still, upon a wooden rule prepared for this purpose. Upon this, by giving it the form of a four-sided prism two inches square and six and a half feet high, may be inscribed on as many faces the growth of four children of the same family, and thus may be had measures portable from house to house, and comparable at a glance

† Indicate whether these irregularities affected the growth: in earlier infancy, from 0 to 2 years, in the second infancy, from 2 to 7 years; in the third infancy, from 7 years to puberty.

‡ Severe (S); mild (M).

§ Great height (G H); ordinary height (O H); undersize (U).



# WALKING AND ATTITUDE.

---

- I. Walking: \***
- A. Age at which the child began of itself to walk :
  - B. Interruptions: †
    - 1. Age at which they occurred :
    - 2. Stage of teething :
    - 3. State of health :
    - 4. Duration of the interruptions :
  - C. Means employed to aid walking :
    - 1. Leading-strings :
    - 2. Perambulators :
    - 3. Baby-jumpers :

- II. Bad attitudes: ‡**
- A. Of the head :
    - 1. Bent forward :
    - 2. Bent sidewise :
      - a. Right.
      - b. Left.
  - B. Of the shoulders :
    - 1. Bent forward :
    - 2. Bent sidewise :
  - C. Of the spinal column :
    - 1. Lateral deviation :
      - a. Curvature to the right.
      - b. Curvature to the left.
    - 2. Deviation from front to rear :
      - a. Humpback.
      - b. Hollow back.
  - D. Of the limbs :
    - 1. Lameness
    - 2. Crookedness :

---

\* Don't be impatient: the mother's vanity in this respect is not unattended with risk. Let the child frolic upon the carpet, and help himself with the furniture, trusting to his instinct. Leading-strings, and perambulators which suspend children by the arms, are dangerous.

† Note if the child seemed to manifest acute pain when attempts were made to induce him to walk. (See, further on, the description of 'Rickets'.)

Be particular to state the age at which these bad postures were observed, and trace on the next page their development; describe the circumstances of health or sickness to which they might have been attributed; finally, record the particulars of orthopedic treatment pursued.



## WALKING AND ATTITUDE.

*Additional particulars:*



INDISPOSITIONS.

(Between indisposition and sickness the boundary is narrow. It is better that the physician should be called too early than too late.)

KIND OF INDISPOSITION.	DATE.	SEAS'N.	AGE.	DURA-TION.	CONSE-QUENCES.
Constipation . . .					
Indigestion . . .					
Simple diarrhœa . . .					
Head-colds . . .					
Catarrhal tendency .					
Worms. { 1. Round worms .					
{ 2. Tape worms .					
{ 3. Thread (or pin)					
{ worms . . .					
Ophthalmia . . .					
Running at the ears .					
Wetting of the bed .					
Swelling of the tonsils					
Chilblain . . .					
Boils . . .					
Eruptions on the skin .					
Nose-bleed . . .					
Scalp { A. Dry .					
diseases. { B. Moist .					
Neuralgia . . .					

CONSTIPATION.—Result of bad hygiene; excessive use of injections; too sedentary life; bad diet; want of regular habits.

INDIGESTION.—Bad management of the diet; children brought too soon to table; too great variety of food; cakes; sugar.

DIARRHŒA.—To be watched especially during teething and weaning; quick to grow worse, especially in hot weather.



## *Additional particulars:*

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**HEAD COLDS AND TENDENCY TO CATARRH.**—Excess of precaution and of warm clothing. The water-cure, under the advice and supervision of a physician, is the proper remedy.

**WORMS.**—Don't exaggerate their connection with children's diseases, nor use vermifuges in excess. The theory of digested worms is absurd.

1. *Round-worms.*—From 6 to 8 inches long; reddish; tapering at both ends; resembling an earth-worm.
2. *Tape worms.*—A flat, very long white worm, composed of segments which enlarge as they recede from the head, which is very small; the neck is thread-like. Fragments of it are discharged separately, and resemble water-melon seeds, but are *white*.
3. *Thread or pin worms.*—A small and very lively worm, which frequents the neighborhood of the anus, where it causes itching, which increases at night, emaciates the child, renders him nervous, and sometimes brings on convulsions. It resembles small bits of thread; the male is from one to two-tenths of an inch in length, the female nearly twice as long. Children are easily rid of them. Look out against a return of them.

**SLIGHT OPHTHALMIA.**—Note carefully; its appearance is an important indication of temperament.

**RUNNING AT THE EARS.**—If it is prolonged, the child must be carefully attended to. It is a weakness which may be connected with some grave disorder.

**WETTING THE BED.**—In three sorts of children: (1) sluggish, (2) dreamy, (3) sleepy. [Great dreamers—great sleepers.]

**SWELLING OF THE TONSILS.**—Seriously affects the hearing, the expression of the face, the sound of the voice, the development of the chest. The question of an operation should be early considered. [The theory and practice of the Homœopaths, who oppose an 'operation,' seem here more reasonable to the TRANSLATOR.]

**ERUPTIONS ON THE SKIN, OR 'HUMOR.'**—The common name of all the dry and obstinate forms of skin disease.

**NOSE-BLEED.**—Generally trifling when the health is good; often a premonitory symptom of sickness.

**SCALP DISEASES.**—The dry and obstinate forms, which tend to cause loss of hair, are serious, and should be quickly attended to. Often contagious, and needing precautions on this account.



# ERUPTIONS.\*

Nature of the eruption.	Date.	Season.	Age.	Mild or severe.†	Consequences.‡	Observations.
Scarlet rash						
Measles . .						
Small-pox .						
Varioloid .						
Chicken-pox						
Scarlatina .						
Miliaria . .						
Nettle-rash .						

\* Mothers should have accurate notions of the most striking phases of these eruptions, and of the kind of precautions to take to guard children against attack. The following abstract is intended to furnish them with these notions:

TYPE:

SCARLET RASH.—Large, irregular, rose-colored blotches; little or no fever. Not contagious; does not prevent having the measles.

MEASLES.—A feverish disease, epidemical and contagious, scarcely ever relapsing. Preceded by a spell of catarrh, with running of the eyes, sneezing, loud coughing—eruption of red raised patches from the head downwards. At last the outer skin falls off in minute imperceptible scales.

SCARLATINA (scarlet fever).—A feverish disease, epidemical and contagious; preceded and attended by sore-throat; crimson discoloration, without pimples; the outer skin afterwards falls off in flakes; consequences more serious (dropsy, convulsions); necessity of prolonged caution.

SMALL-POX.—Raging fever; characteristic pains in the small of the back; frequently vomiting; numerous pustules, swollen, with a pit at the centre—a disease in the highest degree contagious.

VARIOLOID.—Pustules less numerous and less crowded. No fever attends suppuration.

PROTECTION:

No known protection against it.

Let the children be kept apart. Change their residence in time of epidemics.

Vaccinate and revaccinate the children, as always in time of epidemics.

The same as above.



*Additional particulars :*

**CHICKEN-POX.**—Globular or cone-shaped pustules, containing translucent or milky water. Only appears in persons who have been vaccinated.

**MILIARIA.**—An eruption either by itself, or as a complication of the measles, scarlet fever, or certain grave fevers; vesicles extremely minute, full of water or milky water. By itself not at all serious.

**NETTLE-RASH.**—Irregular white pimples, with burning itching; frequently oppression. Caused by the bad state of the digestive organs. Liable to relapse.

† Mild (M); serious (S); grave (G).

‡ None (N); dropsy (D); convulsions (C); ophthalmia (O); running at the ears (R E); chronic cough (C C); lasting debility (L D).

Revaccination.

No protection known. Nevertheless, to diminish the chances of seeing the eruptions break out, avoid putting too many bed-clothes on the patient, or gorging him with warm drinks.

Good diet; watch the workings of digestion; avoid fish and rich food; gentle purgatives, bathing, etc.



# VARIOUS DISEASES OF INFANCY.

Nature of the disease.	Date.	Season.	Age.	Dura- tion.	Mild or severe.	Conse- quences.
Mesenteric atrophy .						
Rickets . . . . .						
Whooping-cough .						
Convulsions . . . .						
St. Vitus's dance .						
Croup . . . . .						
False croup . . . .						
Acute bronchitis .						
Chronic bronchitis .						

Mothers will find in the following notes the principal features of the above diseases, and the measures which may help to prevent them:

**MESENTERIC ATROPHY.**—The belly swollen, irregular, furrowed with bluish veins. General emaciation; voracity; diarrhœa. Wholesome food, preceded by good suckling; life in the open air; removal from darkness and damp; the country, are the best means of preservation.

**RICKETS.**—Acute pains; walking impossible. The child utters cries whenever put down on its feet; softening and curvature of the bones. Same precautions as above; do not be in a hurry to wean. Call the doctor early.

**WHOOPING-COUGH.**—Spasmodic coughing by fits; contagious, epidemic, sometimes very grave from its immediate or remote consequences. Separate the children, keep them away from the air at first, during the *catarrhal* period, and from the chamber in the second or *nervous* period. Change of residence is the best remedy in this latter stage.

**CONVULSIONS.**—Always a serious symptom, connected with teething, worms, a bad state of the digestive organs, and with the beginning of cerebral disease. Care and attention necessary. The physician alone can prescribe all that is proper to be done to prevent returns of the attacks.

**ST. VITUS'S DANCE.**—Commonly shows itself at the time of teething at seven years, and in girls oftener than in boys. Remove all causes of emaciation and nervous overexcitement.

**CROUP.**—Epidemic and contagious disease. Begins quite slowly [as compared with false croup]. Voice lost; characteristic cough. Swelling of the jaw-glands is usual; state of general depression; buff patches often appear on the tonsils and back part of the throat; fits of suffocation, increasing in number and intensity. Remove the children from the seat of the epidemic.

**FALSE CROUP.**—A purely nervous disease. Appears suddenly, commonly in the night, with a fit of suffocation, in lean and impressible children. One, two, or three attacks; not grave; liable to relapse. No swelling of the glands, nor buffy patches in the throat.



## VARIOUS DISEASES OF INFANCY.

*Additional particulars:*

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**BRONCHITIS, OR COLD IN THE CHEST.**—The very light acute form needs only domestic attention. When there is fever and oppression, call the doctor. Chronic bronchitis is always grave. It is often only the mask of a dangerous disease. "Colds kill more than the plague," says Tissot.



SIGHT AND HEARING.

I. Sight:

A. Cross-eye . . .

Side.	Age.	Causes.	Direction.*
Right eye . . . . .			
Left eye . . . . .			
Double cross-eye .			

- B. Near-sight : † { 1. Inherited : { A. Father :  
B. Mother :  
C. Brother or sister :  
2. Time of appearing : { A. Congenital :  
B. Acquired, age :
- C. Far-sightedness : { 1. Inherited :  
2. Time :

D. Diseases of the eyes :

1. Lids . . . . .
2. Eye, { right .  
left .

Acute Inflammation.	Chronic Inflammation.	Opacities of the Cornea.

II. Hearing:

A. Ear diseases . . . . .

	Side.	Age.
Perforation of the tympanum . . . . .		
Foreign bodies in the passage . . . . .		

- B. Deafness : { 1. Of long standing : †  
2. Nervous : §

(See next page for notes.)



## SIGHT AND HEARING.

*Additional particulars:*

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\* Convergent (inward) (C); divergent (outward) (D).

† Ascertain the distance of distinct vision for both eyes, and for each eye separately.

‡ Developing under the influence of an habitual irritation of the back part of the throat, of an enlargement of the tonsils, of very frequent head-colds. It is characteristic of it to appear and disappear. The treatment of chronic quinsy generally cures it.

§ Follows especially in the train of typhoid fever.



# PHYSIOLOGIC CONDITIONS

AND HABITS IN THE USE OF MEDICINE.

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## I. Physiologic Conditions:

- A. Rhythm of the pulse and heart: { 1. Rapidity: \*  
2. Regularity: †
- B. Rhythm of respiration: { 1. Regular:  
2. Irregular: { a. Panting:  
b. Interrupted (sighs):  
c. Very slow:
- C. Organic heat: { 1. Degree: ‡  
2. Distribution: { a. Cold feet:  
b. Cold hands:  
c. Heated head and flushes of heat:
- D. Digestion: { 1. Rapidity: §  
2. Facility: ||
- E. Functions of the skin: { 1. Habitually dry or moist: ¶  
2. General and abundant perspiration:  
3. Partial perspiration:

- II. Habits in Regard to Medicine: { A. Alteratives:  
B. Purgatives:  
C. Vomitings:  
D. Vermifuges:  
E. Injections:
- 

\* Rapid (R); slow (S); very slow (VS).

† Regular (R); irregular (I).

‡ Low (L); high (H).

§ Rapid (R); slow (S).

|| Easy (E); difficult (D).

¶ Dry (D); moist (M).



PHYSIOLOGIC CONDITIONS.

*Additional particulars:*



# HYGIENIC HABITS.

---

- I. Food: {
  - A. Food badly digested: {
    - 1. Fat:
    - 2. Lean:
    - 3. Milk:
    - 4. Vegetables:
    - 5. Fruit:
  - B. Peculiar tastes in eating:
- II. Sleep: {
  - A. Common duration:
  - B. Hours of {
    - rising:
    - retiring:
  - C. Conditions: {
    - 1. Peaceful sleep:
    - 2. Continuous sleep:
    - 3. Interrupted sleep:
    - 4. Dreams:
    - 5. Nightmare.
    - 6. Grinding of the teeth:
    - 7. Habit of talking aloud:
- III. Exercise: \* {
  - A. Activity or sluggishness:
  - B. Agility and address:
  - C. Endurance of fatigue:
- IV. Clothing: {
  - A. Warm and thick:
  - B. Light:
- V. Bathing: {
  - A. Warm:
  - B. Cold:
  - C. Sea:
- VI. Cold Ablutions:
- VII. Kind of Life: {
  - A. Active:
  - B. Sedentary.

---

\* Without life in the open air, exercise, air and sun baths, there is neither education nor health; but it must be borne in mind that, if moderate exercise is restorative, fatigue is wasteful.



## HYGIENIC HABITS.

*Additional particulars :*



# SUSCEPTIBILITY AND RESEMBLANCE.

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## I. Susceptibility:

A. Cerebral susceptibility:

B. Nervous susceptibility:

C. Catarrhal and rheumatic susceptibility:

D. Digestive susceptibility: { 1. Of the stomach:  
2. Of the intestines:

E. Lymphatic susceptibility:

## II. Resemblance:\*

A. Physique: { 1. Figure:  
2. Face:  
3. Voice:  
4. Health

B. Character:

---

## TYPES.

**CEREBRAL SUSCEPTIBILITY.**—Large head; acuteness of mind; precocious intellectual development; tendency to delirium in sickness, and even when indisposed; tendency to convulsions.

**NERVOUS SUSCEPTIBILITY.**—In children that are lean, animated, and fond of motion. Nervous phenomena in sickness, in the crisis of teething and of growth. Often the St. Vitus's dance, more or less marked, towards the age of seven or eight. Convulsions from teething and worms. Variable health.

**CATARRHAL AND RHEUMATIC SUSCEPTIBILITY.**—Nearly always the result of a bad physical education. Children chilly, cough easily, have incessant head-colds, chilblains, and rheumatic pains; nasal and bronchial secretions habitually abundant; skin almost always moist. The water-cure, begun in season and properly, under the direction of a physician, is quite efficacious in overcoming this susceptibility.

**DIGESTIVE SUSCEPTIBILITY.**—Hereditary in part, but almost always caused by a bad diet. Characterized by frequent digestive troubles. Vomiting, indigestion, diarrhoea, puffiness of the belly.

**LYMPHATIC SUSCEPTIBILITY.**—Hereditary, but modifiable. Children white, flesh soft, hair generally blond; scald head in infancy; ophthalmia frequent; cold in the head almost permanent; swelling of the glands of the neck, arm-pit, and groin, from slight causes. Diseases that tend to become chronic.

---

\* Resemblance to the father (F); mother (M); grandfather (GF); grandmother (GM); an uncle (U); an aunt (A); a brother (B); a sister (S).



## SUSCEPTIBILITY AND RESEMBLANCE.

*Additional particulars:*



# PHYSICAL EXERCISE, AND STRENGTH.

I. Gymnastics: { A. Date of beginning :  
B. Total duration :  
c. Principal exercises :

## II. Various Exercises:

Kind of Exercise.	Age of begin'g.	Duration.	Effects observed.*
Horseback . . . .			
Fencing . . . . .			
Boxing . . . . .			
Swimming . . . . .			
Gymnasium . . . .			
Manual labor † . .			

## III. Measure of Strength by the Dynamometer:‡

Age.	Renal strength.§	Manual strength.§	Age.	Renal strength.	Manual strength.
5 years,			12 years,		
6 years,			13 years,		
7 years,			14 years,		
8 years,			15 years,		
9 years,			16 years,		
10 years,			17 years,		
11 years,			18 years,		

\* Fatigue (F) ; fever (FE) ; loss of flesh (LF) ; appetite (A) ; good effects (G) ; bad (B).

† Indicate on the next page the kind of manual labor, and the effects observed.

‡ Trials of strength by the dynamometer, if instituted regularly, like the measures of weight and height, would be as useful as they would be interesting, and would require but little trouble.

§ Renal strength is the power of *pulling* ; manual strength, the power of *pushing*.



PHYSICAL EXERCISE, AND STRENGTH.

*Additional particulars:*



# MENTAL EXERTION.

## I. School Life:

	Primary school.	Grammar school.		High school or other.
		Lower classes.	Upper classes.	
Entrance* . . . .				
Leaving* . . . .				
Interruption from indisposition or sickness . . . .				

## II. Diseases which have marked the Period of the Children's School Life : †

Kind.	Age.	Duration.	Gravity.

III. Conditions of Exertion:

{

1. Easy :  
2. Difficult :  
3. Slow :  
4. Rapid :  
5. Willing :  
6. Unwilling :

IV. State of the Memory:

{

1. Easy :  
2. Rebellious :  
3. Fleeting :  
4. Tenacious :

\* Age of the child.

† Note more particularly diseases of the brain and typhoid fevers, as the first may be provoked by overwork



## MENTAL EXERTION.

*Additional particulars:*



# ACCIDENTS AND OPERATIONS.

A. Falls:

Date.	Height.	Part affected.	Subsequent symptoms.

B. Blows and contusions : \*

C. Burns : †

D. Ruptures : {  
1. Age :  
2. Side :  
3. Causes :  
4. Bandages : { A. Date of application :  
B. Date of leaving off :

E. Foreign bodies :

	Date.	Expelled or extracted.	Remaining.
1. Stomach . . .			
2. Eye . . . . .			
3. Ear . . . . .			
4. Throat . . .			

F. Poisoning : {  
1. Date :  
2. Nature of the substance :  
3. Degree of gravity :  
4. Consequences :

G. Injuries of the bones or joints : ‡  
1. Fractures :  
2. Dislocations :  
3. Sprains :

H. Operations : §

\* Note the kind of blow, the point where it fell, its violence.  
† Indicate the nature and place of the burn.  
‡ Date and nature of the accident, its causes, its seat.  
§ Date and nature of the operations performed.



ACCIDENTS AND OPERATIONS,

*Additional particulars:*

.



# RESERVED PAGES.

—

RESERVED PAGES













PART II



G I R L S





# GENERAL DATA.

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I. Surname: \*

II. Given names:

III. Date of birth:

IV. Birthplace:

V. Residences:

Names of Places.	Date of Going There.	Circumstances of Dwelling. †

---

\* Of course, if there is need of discretion and reserve, the family name may be suppressed, or replaced by an initial.

† That is, whether healthy, marshy, town or country; house roomy and wholesome, or damp, etc.

GENERAL DATA.

*Additional particulars:*



DESCENT AND CONSANGUINITY.

I. Descent:						LIVING.		DEAD.		
						Health*	Tend- encies†	Age.	Cause of Death.	
A. Ancestors:	I. Paternal.	a. Grandfather . .								
		b. Grandmother . .								
		c. Great-uncle . . .								
		d. Great-aunt . . .								
	II. Maternal.	a. Grandfather . .								
		b. Grandmother . .								
		c. Great-uncle . . .								
		d. Great-aunt . . .								
B. Father . . . . .										
C. Mother . . . . .										
D. Brothers:	{	1.	.	.	.					
		2.	.	.	.					
		3.	.	.	.					
E. Sisters:	{	1.	.	.	.					
		2.	.	.	.					
		3.	.	.	.					
F. Uncles and Aunts:	Paternal.	{	1.	.	.	.				
			2.	.	.	.				
	Maternal.	{	1.	.	.	.				
			2.	.	.	.				
3. Cousins-german:	{	1.	.	.	.					
		2.	.	.	.					
		3.	.	.	.					

II. Consanguinity of the  
parents:

A. Uncle and niece :

B. Aunt and nephew :

C. Cousins german :

\* Very good ( V G ) ; good ( G ) ; tolerably good ( T G ) ; delicate ( D ) ; feeble ( F ) ;  
d ( B ) ; confirmed invalid ( C I ).

† Tendency to cerebral disorders ( C ) ; nervous ( N ) ; catarrhal ( Ca ) ; pul-  
monary ( P ).

## DESCENT AND CONSANGUINITY.

*Additional particulars:*



# BIRTH.

## I. Birth at Term :

## II. Premature birth :

PERIOD.*	CAUSES.
	<p>A. Accidents :</p> <p>B. Moral impressions :</p> <p>C. Disease, { acute :                   { chronic :</p> <p>D. Unknown :</p>

III. Circumstances of pregnancy: {

A. Normal pregnancy :

B. Uneasy pregnancy: { Vomiting: †  
                              { Various discomforts: ‡

C. Ailing pregnancy: { Acute diseases :  
                              { Chronic diseases :

IV. Circumstances of delivery. {

A. Natural:

B. Laborious:

V. Condition of the infant: {

A. Sound: §

B. Sickly: { 1. Feebleness :  
                  { 2. Apoplexy :

\* State the month of pregnancy at which the child was born.

† Note the period of appearance and disappearance. Was it present in former pregnancies?

‡ Oppression (Op); neuralgia (N); varicose veins (V); swollen feet (SF)

§ Hearty (H); ordinary (O).

BIRTH.

*Additional particulars:*



# NURSING.

I. Duration:	{	1. By the mother:	months	days
		2. By the nurse :	months	days.
		3. By the bottle :	months	days.
		TOTAL:	<hr/> months	<hr/> days.

II. Addition of other food to the milk: { 1. Age of the child:  
2. Kinds of food at first:

### III. Complications and trials in nursing:

A. Change of nurse:

### B. Sickness of the nurse:

c. Sickness of the child: { A. Vomiting: \*  
B. Diarrhœa: †  
c. Thrush:

\* Rare (R); frequent (F); habitual (H).

† Rare ( R ); frequent ( F ). State how often.

NURSING.

*Additional particulars:*



# WEANING

---

- I. Age at which weaning took place : \*   year   months   days.
- II. Locality :
- III. Season :
- IV. Mode of Weaning : { A. Abrupt :  
B. Gradual :
- V. Progress of teething at the moment of weaning : { A. Number of teeth :  
B. Condition of the eye and stomach teeth :
- VI. Return to nursing : { A. Time :  
B. Duration of the renewal :  
C. Effects :
- VII. Accidents of weaning : { A. Emaciation :  
B. Diarrhœa :  
C. Dysentery :  
D. Vomiting :  
E. Cholera infantum : †
- 

\* The time of weaning cannot be fixed *à priori* : this is for the physician to determine, and is often a delicate matter. Care must be taken not to wean children having an uneven number of teeth, because they are in the full crisis of dental evolution. In southern lands, the winter and spring should be chosen, as far as possible, for weaning.

† Cholera infantum is most apt to break out under one of the three following influences : Hot weather ; teething ; weaning. When all three are combined, it is greatly to be feared. It may be known by the following symptoms : Cold skin : marked change of expression ; hollow eyes ; watery diarrhœa ; emaciation in a few hours. Mothers should know that it is not always fully developed at the outset, but often originates in an apparently harmless diarrhœa, which suddenly changes its character under the action of one of the above-mentioned causes.

WEANING.

*Additional particulars.*



# VACCINATION.

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*(Vaccination, if carefully performed, is attended with no discomfort whatever. Not to VACCINATE one's children is to be guilty of great cruelty towards them. Not to REVACCINATE them is to expose them to the risks of an imprudence.)*

I. Age of the child when vaccinated: \*

II. Source of the vaccine: {  
A. From arm to arm :  
B. Preserved vaccine :  
C. Animal vaccine :

III. Part of the body vaccinated:

IV. Number of punctures: {  
A. Actually made :  
B. Developed vesicles :

V. Duration of the eruption: †

VI. Character of the vaccination: ‡

VII. Period of revaccination: §

VIII. Statement of its effects :

---

\* Vaccination should take place as soon as possible, and in the first few days in cases of small-pox epidemic. Ordinarily, the child should be vaccinated before the labor of teething, towards four or five months of age. If delayed, and there is no urgency on account of an epidemic, choose a time when the child is not cutting any teeth.

† From the moment when the puncture becomes inflamed to the drying up of the vesicle.

‡ First three or four days, a period of local inertia; about the fourth day, inflamed simple; vesicle on the seventh, which fills on the eighth, ninth, tenth, and eleventh days; desiccation on the twelfth; detachment of the scab, from the twenty-fourth to the twenty-ninth day. Distrust the protecting virtue of pustules which develop so rapidly. In any event, always have a physician verify the progress of the vaccination.

§ The utility of revaccination is beyond question, and the practice ought to become general. Children should be revaccinated at the age of twelve or thirteen.

VACCINATION.

*Additional particulars:*



## TEETHING.

1. Age at which the different groups cut through:

TEETH.*	AGE.		Inci- dentst	TEETH.	AGE.		Inci- dents.
	Mos.	Days.			Mos.	Days.	
First tooth. . .							
Twentieth tooth .							
Middle incisors.	U.	{ 1 2		Second molars.	U.	{ 1 2	
	L.	{ 1 2			L.	{ 1 2	
Side incisors.	U.	{ 1 2		Second teeth, from 6 to 25 years.	1st molars.		
	L.	{ 1 2			Middle incisors.		
First molars.	U.	{ 1 2			Side incisors.		
	L.	{ 1 2			Ant. bi- cuspids.		
Canines.	U.	{ 1 2			Pos. bi- cuspids.		
	L.	{ 1 2			Canines.		
					2d molars.		
					3d molars.		

## II. Irregularities of dentition: ‡

### III. Dental decay : §

- A. Precocity :
- B. Backwardness .
- C. Supernumerary teeth :
- D. Teeth wanting :
- A. First teething :
- B. Intermediate teething
- C. Final teeth :

\* U stands for the upper, L for the lower teeth. The figure 1 indicates the teeth on the right side; 2, those on the left.

† Fever (F); diarrhoea (D); cough (C); convulsions (CON); normal condition (N).

‡ Average age of the various teething: (1) First teething, from 7 to 9 months;

## TEETHING.

### *Additional particulars:*

---

(2) twentieth tooth, from 20 to 26 months; (3) teething of renewal, begins generally at 6 years with first molars; middle incisors at 7, side do. at 8; anterior bicuspid at 9, posterior do. at 10; canines, 11 to 12; second molars, 12 to 13; third do. (wisdom) 17 to 25.

§ Note the teeth which have decayed by their group name and their ordinal number, thus: First upper incisor ( 1 | U ); second lower incisor ( 2 | L ); second upper bicuspid ( 2 B U ); right lower canine ( C L R ); left upper canine ( C U L ); right upper canine ( C U R ), etc.



# WEIGHT.\*

- I. Weight of the infant at its birth:
- II. Subsequent weight:

AGE.		WEIGHT.		AGE.		WEIGHT.		AGE.		WEIGHT.	
		lbs.	oz.			lbs.	oz.			lbs.	oz.
1 month. .				2 years . .				12 years .			
2 months				3 years . .				13 years .			
3 months				4 years . .				14 years .			
4 months				5 years . .				15 years .			
5 months				6 years . .				16 years .			
6 months				7 years . .				17 years .			
8 months				8 years . .				18 years .			
10 months				9 years . .				19 years .			
12 months				10 years . .				20 years .			
18 months				11 years . .				21 years .			

## III. Ages at which the weight has diminished :

IV. Causes of diminished weight:	{	A. Hygienic causes:	1. Bodily fatigue:	
			2. Mental fatigue:	
		B. Morbid causes:	3. Rapid growth:	
			4. Bad habits:	
			{	1. Indispositions:
				2. Sickness:

\* Nothing can be more important, at a given moment, than these comparative weights; nothing is easier to take. Scales are now made very easy to manage, and scarcely cumbersome. Employed for a multitude of domestic purposes, they would be not less useful for the health of children.

WEIGHT.

*Additional particulars:*



GROWTH.

- I. Length at birth : \*
- II. Measure of growth from year to year :

AGE.		HEIGHT.		AGE.		HEIGHT.		AGE.		HEIGHT.	
		ft.	in.			ft.	in.			ft.	in.
1 year. . .				7 years. .				13 years. .			
2 years. .				8 years. .				14 years. .			
3 years. .				9 years. .				15 years. .			
4 years. .				10 years. .				16 years. .			
5 years. .				11 years. .				17 years. .			
6 years. .				12 years. .				18 years. .			

- III. Irregularities : †
- A. Retarded growth :
  - B. Premature growth :
  - c. Growth by leaps :
  - D. Excessive growth :

IV. Diseases in growing :

	EMACIA-TION.	ST. VITUS' DANCE.	CHRONIC COUGH.	FEVER.	
				ACUTE.	SLOW.
Age.					
Duration .					
Severity ‡					

- Hereditary particulars
- as to height : §
- A. Father :
  - B. Mother :
    - 1.
  - c. Brothers or sisters :
    - 2.
    - 3.

\* Nothing is easier and less troublesome than to measure a new-born child. One is only to stretch it upon a table, or on a piece of pasteboard, and, keeping its

## GROWTH.

### *Additional particulars:*

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legs out straight, to draw two lines, one touching the soles of the feet, the other the top of the head. As to subsequent measurements, it will only be necessary taking account of the thickness of the shoes, to rest a square upon the top of the head, and to mark the height upon the door-case, or, better still, upon a wall-rule prepared for this purpose. Upon this, by giving it the form of a four-sided prism two inches square and six and a half feet high, may be inscribed on all four faces the growth of four children of the same family, and thus may be had measures portable from house to house, and comparable at a glance.

† Indicate whether these irregularities affected the growth: in earlier infancy, from 0 to 2 years; in the second infancy, from 2 to 7 years; in the third infancy, from 7 years to puberty.

‡ Severe (S); mild (M).

§ Great height (G H); ordinary height (O H); undersize (U).



# WALKING AND ATTITUDE.

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- I. Walking:\***
- A. Age at which the child began of itself to walk :
  - B. Interruptions:†
    - 1. Age at which they occurred :
    - 2. Stage of teething :
    - 3. State of health :
    - 4. Duration of the interruptions :
  - C. Means employed to aid walking :
    - 1. Leading-strings :
    - 2. Perambulators :
    - 3. Baby-jumpers :

- II. Bad attitudes:†**
- A. Of the head :
    - 1. Bent forward :
    - 2. Bent sidewise :
      - a. Right.
      - b. Left.
  - B. Of the spinal column :
    - 1. Lateral deviation :
      - a. Curvature to the right.
      - b. Curvature to the left.
    - 2. Deviation from front to rear :
      - a. Humpback.
      - b. Hollow back.
  - C. Of the limbs :
    - 1. Lameness
    - 2. Crookedness :

\* Don't be impatient : the mother's vanity in this respect is not unattended with risk. Let the child frolic upon the carpet, and help himself with the furniture, trusting to his instinct. Leading-strings, and perambulators which suspend children by the arms, are dangerous.

† Note if the child seemed to manifest acute pain when attempts were made to induce him to walk. (See, further on, the description of 'Rickets'.)

Be particular to state the age at which these bad postures were observed, and trace on the next page their development; describe the circumstances of health or sickness to which they might have been attributed; finally, record the particulars of orthopedic treatment pursued.

WALKING AND ATTITUDE.

*Additional particulars:*



# INDISPOSITIONS.

*(Between indisposition and sickness the boundary is narrow. It is better that the physician should be called too early than too late.)*

KIND OF INDISPOSITION.	DATE.	SEAS'N.	AGE.	DURA-TION.	CONSE-QUENCES.
Constipation . . .					
Indigestion . . .					
Simple diarrhœa . . .					
Head colds . . .					
Catarrhal tendency . . .					
Worms. { 1. Round worms . . .					
Ophthalmia . . .					
Running at the ears . . .					
Wetting of the bed . . .					
Swelling of the tonsils . . .					
Chilblain . . .					
Boils . . .					
Eruptions on the skin . . .					
Nose-bleed . . .					
Scalp diseases. { A. Dry . . .					
Neuralgia . . .					

CONSTIPATION.—Result of bad hygiene; excessive use of injections; too sedentary life; bad diet; want of regular habits.

INDIGESTION.—Bad management of the diet; children brought too soon to table; too great variety of food; cakes; sugar.

DIARRHŒA.—To be watched especially during teething and weaning; quick to grow worse, especially in hot weather.



## INDISPOSITIONS.

### *Additional particulars:*

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HEAD COLDS AND TENDENCY TO CATARRH.—Excess of precaution and of warm clothing. The water-cure, under the advice and supervision of a physician, is the proper remedy.

WORMS.—Don't exaggerate their connection with children's diseases, nor use vermifuges in excess. The theory of digested worms is absurd.

1. *Round-worms*.—From 6 to 8 inches long; reddish; tapering at both ends; resembling an earth-worm.
2. *Tape worms*.—A flat, very long white worm, composed of segments which enlarge as they recede from the head, which is very small; the neck is thread-like. Fragments of it are discharged separately, and resemble water-melon seeds, but are *white*.
3. *Thread or pin worms*.—A small and very lively worm, which frequents the neighborhood of the anus, where it causes itching, which increases at night, emaciates the child, renders him nervous, and sometimes brings on convulsions. It resembles small bits of thread; the male is from one to two-tenths of an inch in length, the female nearly twice as long. Children are easily rid of them. Look out against a return of them.

SLIGHT OPHTHALMIA.—Note carefully; its appearance is an important indication of temperament.

RUNNING AT THE EARS.—If it is prolonged, the child must be carefully attended to. It is a weakness which may be connected with some grave disorder.

WETTING THE BED.—In three sorts of children: (1) sluggish, (2) dreamy, (3) sleepy. [Great dreamers—great sleepers.]

SWELLING OF THE TONSILS.—Seriously affects the hearing, the expression of the face, the sound of the voice, the development of the chest. The question of an operation should be early considered. [The theory and practice of the Homœopaths, who oppose an 'operation,' seem here more reasonable to the TRANSLATOR.]

ERUPTIONS ON THE SKIN, OR 'HUMOR.'—The common name of all the dry and obstinate forms of skin disease.

NOSE-BLEED.—Generally trifling when the health is good; often a premonitory symptom of sickness.

SCALP DISEASES.—The dry and obstinate forms, which tend to cause loss of hair, are ferious, and should be quickly attended to. Often contagious, and needing precautions on this account.



ERUPTIONS.\*

Nature of the eruption.	Date.	Season.	Age.	Mild or severe.†	Consequences.‡	Observations.
Scarlet rash						
Measles . .						
Small-pox .						
Varioloid .						
Chicken-pox						
Scarlatina .						
Miliaria . .						
Nettle-rash .						

\* Mothers should have accurate notions of the most striking phases of these eruptions, and of the kind of precautions to take to guard children against attack. The following abstract is intended to furnish them with these notions:

TYPE:

SCARLET RASH. — Large, irregular, rose-colored blotches; little or no fever. Not contagious; does not prevent having the measles.

MEASLES.—A feverish disease, epidemical and contagious, scarcely ever relapsing. Preceded by a spell of catarrh, with running of the eyes, sneezing, loud coughing—eruption of red raised patches from the head downwards. At last the outer skin falls off in minute imperceptible scales.

SCARLATINA (scarlet fever).—A feverish disease, epidemical and contagious; preceded and attended by sore-throat; crimson discoloration, without pimples; the outer skin afterwards falls off in flakes; consequences more serious (dropsy, convulsions); necessity of prolonged caution.

SMALL-POX.—Raging fever; characteristic pains in the small of the back; frequently vomiting; numerous pustules, swollen, with a pit at the centre—a disease in the highest degree contagious.

VARIOLOID.—Pustules less numerous and less crowded. No fever attends suppuration.

PROTECTION:

No known protection against it.

Let the children be kept apart. Change their residence in time of epidemics.

Vaccinate and revaccinate the children, as always in time of epidemics.

The same as above.



*Additional particulars :*

**CHICKEN-POX.**—Globular or cone-shaped pustules, containing translucent or milky water. Only appears in persons who have been vaccinated.

Revaccination.

**MILIARIA.**—An eruption either by itself, or as a complication of the measles, scarlet fever, or certain grave fevers; vesicles extremely minute, full of water or milky water. By itself not at all serious.

No protection known. Nevertheless, to diminish the chances of seeing the eruptions break out, avoid putting too many bed clothes on the patient, or gorging him with warm drinks.

**NETTLE-RASH.** — Irregular white pimples, with burning itching; frequently oppression. Caused by the bad state of the digestive organs. Liable to relapse.

Good diet; watch the workings of digestion; avoid fish and rich food; gentle purgatives, bathing, etc.

† Mild ( M ); serious ( S ); grave ( G ).

‡ None ( N ); dropsy ( D ); convulsions ( U ); ophthalmia ( O ); running at the ears ( R E ); chronic cough ( C C ); lasting debility ( L D ).



# VARIOUS DISEASES OF INFANCY.

Nature of the disease.	Date.	Season.	Age.	Dura- tion.	Mild or severe.	Conse- quences.
Mesenteric atrophy .						
Rickets . . . .						
Whooping-cough .						
Convulsions . . .						
St. Vitus's dance .						
Croup . . . . .						
False croup . . .						
Acute bronchitis .						
Chronic bronchitis .						

Mothers will find in the following notes the principal features of the above diseases, and the measures which may help to prevent them:

**MESENTERIC ATROPHY.**—The belly swollen, irregular, furrowed with bluish veins. General emaciation; voracity; diarrhoea. Wholesome food, preceded by good suckling; life in the open air; removal from darkness and damp; the country, are the best means of preservation.

**RICKETS.**—Acute pains; walking impossible. The child utters cries whenever put down on its feet; softening and curvature of the bones. Same precautions as above; do not be in a hurry to wean. Call the doctor early.

**WHOOPING-COUGH.**—Spasmodic coughing by fits; contagious, epidemic, sometimes very grave from its immediate or remote consequences. Separate the children, keep them away from the air at first, during the *catarrhal* period, and from the chamber in the second or *nervous* period. Change of residence is the best remedy in this latter stage.

**CONVULSIONS.**—Always a serious symptom, connected with teething, worms, a bad state of the digestive organs, and with the beginning of cerebral disease. Care and attention necessary. The physician alone can prescribe all that is proper to be done to prevent returns of the attacks.

**ST. VITUS'S DANCE.**—Commonly shows itself at the time of teething at seven years, and in girls oftener than in boys. Remove all causes of emaciation and nervous overexcitement.

**CROUP.**—Epidemic and contagious disease. Begins quite slowly [as compared with false croup]. Voice lost; characteristic cough. Swelling of the jaw-glands is usual; state of general depression; buff patches often appear on the tonsils and back part of the throat; fits of suffocation, increasing in number and intensity. Remove the children from the seat of the epidemic.

**FALSE CROUP.**—A purely nervous disease. Appears suddenly, commonly in the night, with a fit of suffocation, in lean and impressible children. One, two, or three attacks; not grave; liable to relapse. No swelling of the glands, nor buff patches in the throat.

## VARIOUS DISEASES OF INFANCY.

*Additional particulars:*

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BRONCHITIS, OR COLD IN THE CHEST.—The very light acute form needs only domestic attention. When there is fever and oppression, call the doctor. Chronic bronchitis is always grave. It is often only the mask of a dangerous disease. "Colds kill more than the plague," says Tissot.



SIGHT AND HEARING.

I. Sight:

A. Cross-eye . . .

Side.	Age.	Causes.	Direction.*
Right eye . . . . .			
Left eye . . . . .			
Double cross-eye .			

- B. Near-sight : † { 1. Inherited : { A. Father :  
B. Mother :  
C. Brother or sister :  
2. Time of appearing : { A. Congenital :  
B. Acquired, age :
- C. Far-sightedness : { 1. Inherited :  
2. Time :

D. Diseases of the eyes :

1. Lids . . . .

2. Eye, { right.  
left .

Acute Inflammation.	Chronic Inflammation.	Opacities of the Cornea.

II. Hearing:

A. Ear diseases . . . . .

	Side.	Age.
Perforation of the tympanum . . . . .		
Foreign bodies in the passage . . . . .		

- B. Deafness : { 1. Of long standing : †  
2. Nervous : §

(See next page for notes.)

## SIGHT AND HEARING.

*Additional particulars:*

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\* Convergent (inward) (C); divergent (outward) (D).

† Ascertain the distance of distinct vision for both eyes, and for each eye separately.

‡ Developing under the influence of an habitual irritation of the back part of the throat, of an enlargement of the tonsils, of very frequent head-colds. It is characteristic of it to appear and disappear. The treatment of chronic quinsy generally cures it.

§ Follows especially in the train of typhoid fever.



# PHYSIOLOGIC CONDITIONS

AND HABITS IN THE USE OF MEDICINE.

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## I. Physiologic Conditions:

A. Rhythm of the pulse and heart: { 1. Rapidity: \*  
2. Regularity: †

B. Rhythm of respiration: { 1. Regular:  
2. Irregular: { a. Panting:  
b. Interrupted (sighs):  
c. Very slow:

C. Organic heat: { 1. Degree: ‡  
2. Distribution: { a. Cold feet:  
b. Cold hands:  
c. Heated head and flushes of heat:

D. Digestion: { 1. Rapidity: §  
2. Facility: ||

E. Functions of the skin: { 1. Habitually dry or moist: ¶  
2. General and abundant perspiration:  
3. Partial perspiration:

II. Habits in Regard to Medicine: { A. Alteratives:  
B. Purgatives:  
C. Vomitings:  
D. Vermifuges:  
E. Injections:

---

\* Rapid (R); slow (S); very slow (VS).

† Regular (R); irregular (I).

‡ Low (L); high (H).

§ Rapid (R); slow (S).

|| Easy (E); difficult (D).

¶ Dry (D); moist (M).

PHYSIOLOGIC CONDITIONS.

*Additional particulars:*



# HYGIENIC HABITS.

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- I. Food: {
    - A. Food badly digested: {
      - 1. Fat:
      - 2. Lean:
      - 3. Milk:
      - 4. Vegetables:
      - 5. Fruit:
    - B. Peculiar tastes in eating:
  - II. Sleep: {
    - A. Common duration:
    - B. Hours of {
      - rising:
      - retiring:
    - C. Conditions: {
      - 1. Peaceful sleep:
      - 2. Continuous sleep:
      - 3. Interrupted sleep:
      - 4. Dreams:
      - 5. Nightmare.
      - 6. Grinding of the teeth:
      - 7. Habit of talking aloud:
  - III. Exercise: \* {
    - A. Activity or sluggishness:
    - B. Agility and address:
    - C. Endurance of fatigue:
  - IV. Clothing: {
    - A. Warm and thick:
    - B. Light:
  - V. Bathing: {
    - A. Warm:
    - B. Cold:
    - C. Sea:
  - VI. Cold Ablutions:
  - VII. Kind of Life: {
    - A. Active:
    - B. Sedentary.
- 

\* Without life in the open air, exercise, air and sun baths, there is neither education nor health; but it must be borne in mind that, if moderate exercise is restorative, fatigue is wasteful.

## HYGIENIC HABITS.

*Additional particulars :*



# SUSCEPTIBILITY AND RESEMBLANCE.

---

## I. Susceptibility:

- A. Cerebral susceptibility:
- B. Nervous susceptibility:
- C. Catarrhal and rheumatic susceptibility:
- D. Digestive susceptibility: { 1. Of the stomach:  
2. Of the intestines:
- E. Lymphatic susceptibility:

## II. Resemblance: \*

- A. Physique: { 1. Figure:  
2. Face:  
3. Voice:  
4. Health

- B. Character:
- 

## TYPES.

**CEREBRAL SUSCEPTIBILITY.**—Large head; acuteness of mind; precocious intellectual development; tendency to delirium in sickness, and even when indisposed; tendency to convulsions.

**NERVOUS SUSCEPTIBILITY.**—In children that are lean, animated, and fond of motion. Nervous phenomena in sickness, in the crisis of teething and of growth. Often the St. Vitus's dance, more or less marked, towards the age of seven or eight. Convulsions from teething and worms. Variable health.

**CATARRHAL AND RHEUMATIC SUSCEPTIBILITY.**—Nearly always the result of a bad physical education. Children chilly, cough easily, have incessant head-colds, chilblains, and rheumatic pains; nasal and bronchial secretions habitually abundant; skin almost always moist. The water-cure, begun in season and properly, under the direction of a physician, is quite efficacious in overcoming this susceptibility.

**DIGESTIVE SUSCEPTIBILITY.**—Hereditary in part, but almost always caused by a bad diet. Characterized by frequent digestive troubles. Vomiting, indigestion, diarrhœa, puffiness of the belly.

**LYMPHATIC SUSCEPTIBILITY.**—Hereditary, but modifiable. Children white, flesh soft, hair generally blond; scald head in infancy; ophthalmia frequent; cold in the head almost permanent; swelling of the glands of the neck, arm-pit, and groin, from slight causes. Diseases that tend to become chronic.

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\* Resemblance to the father (F); mother (M); grandfather (GF); grandmother (GM); an uncle (U); an aunt (A); a brother (B); a sister (S).

## SUSCEPTIBILITY AND RESEMBLANCE.

*Additional particulars:*



# PHYSICAL EXERCISE, AND STRENGTH.

I. Gymnastics: { A. Date of beginning :  
B. Total duration :  
c. Principal exercises :

## II. Various Exercises:

Kind of Exercise.	Age of begin'g.	Duration.	Effects observed.*
Horseback . . . .			
Fencing . . . . .			
Boxing . . . . .			
Swimming . . . . .			
Gymnasium . . . .			
Manual labor † . .			

## III. Measure of Strength by the Dynamometer:‡

Age.	Renal strength.§	Manual strength.§	Age.	Renal strength.	Manual strength.
5 years,			12 years,		
6 years,			13 years,		
7 years,			14 years,		
8 years,			15 years,		
9 years,			16 years,		
10 years,			17 years,		
11 years,			18 years,		

\* Fatigue (F) ; fever (Fe) ; loss of flesh (LF) ; appetite (A) ; good effects (G) ; bad (B).

† Indicate on the next page the kind of manual labor, and the effects observed.

‡ Trials of strength by the dynamometer, if instituted regularly, like the measures of weight and height, would be as useful as they would be interesting, and would require but little trouble.

§ Renal strength is the power of *pulling* ; manual strength, the power of *pushing*.

## PHYSICAL EXERCISE, AND STRENGTH.

*Additional particulars:*



# MENTAL EXERTION.

## I. School Life:

	Primary school.	Grammar school.		High school or other.
		Lower classes.	Upper classes.	
Entrance* . . . .				
Leaving* . . . .				
Interruption from indisposition or sickness . . . .				

## II. Diseases which have marked the Period of the Children's School Life:†

Kind.	Age.	Duration.	Gravity.

III. Conditions of Exertion:

{

1. Easy :  
2. Difficult :  
3. Slow :  
4. Rapid :  
5. Willing :  
6. Unwilling :

IV. State of the Memory:

{

1. Easy :  
2. Rebellious :  
3. Fleeting :  
4. Tenacious :

\* Age of the child.

† Note more particularly diseases of the brain and typhoid fevers, as the first may be provoked by overwork

MENTAL EXERTION.

*Additional particulars:*



# ACCIDENTS AND OPERATIONS.

	Date.	Height.	Part affected.	Subsequent symptoms.
A. Falls:				

B. Blows and contusions : \*

C. Burns : †

D. Ruptures : { 1. Age :  
2. Side :  
3. Causes :  
4. Bandages : { A. Date of application :  
B. Date of leaving off :

		Date.	Expelled or extracted.	Remaining.
E. Foreign bodies :	1. Stomach . .			
	2. Eye . . . .			
	3. Ear . . . .			
	4. Throat . .			

F. Poisoning : { 1. Date :  
2. Nature of the substance :  
3. Degree of gravity :  
4. Consequences :

G. Injuries of the bones or joints : ‡ { 1. Fractures :  
2. Dislocations :  
3. Sprains :

II. Operations : §

\* Note the kind of blow, the point where it fell, its violence.  
† Indicate the nature and place of the burn.  
‡ Date and nature of the accident, its causes, its seat.  
§ Date and nature of the operations performed.

ACCIDENTS AND OPERATION.

*Additional particulars:*



# PUBERTY.

I. Date of the First Menstruation:

II. Age of the Girl:

III. Particulars in Regard to Inheritance: { A. Grandmother: { Maternal:  
Paternal:  
B. Mother:  
C. Older sisters: { 1.  
2.  
3.

IV. Conditions of the Health:

A. Normal evolution:

B. Complicated evolution: { 1. Impoverishment of the blood:  
2. Nervous troubles:

Nature of the symptoms.	Date of coming on	Date of cessation.	Mildness or severity.
Gastralgia . .			
Neuralgia . .			
Nervous disorders . . . .			

V. Usual Rule of the Function:

A. Regularity:\*

B. Abundance:†

C. Complications:‡

VI. Circumstances which affect this Function: { 1. Walking:  
2. Emotion:  
3. Riding:  
4. Action of cold:

\* Too soon (T S); backward (B); regular periodicity (R P).  
† Abundant (A); ordinary (O); very abundant (V A).  
‡ Pains in the small of the back (P S B); colic (C); headaches (H); spasms (S); neuralgia (N); digestive troubles (D T).

## PUBERTY.

*Additional particulars:*



TABLE OF THE MONTHLY PERIODS.\*

YEARS.		JAN.			FEB.			MARCH.			APRIL.			MAY.			JUNE.			JULY.			AUG.			SEPT.			OCT.			NOV.			DEC.		
ORDER.	A.D.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.	DATE.	LENGTH.	PARTIC.						
1	187																																				
2	187																																				
3	187																																				
4	187																																				
5	187																																				
6	187																																				
7	187																																				
8	187																																				
9	187																																				

\* Note the order of the monthly periods, beginning with the first; the year A.D.; the date; the duration of each period; and finally indicate by initials the peculiarities which distinguished them: normal (N); too soon (T S); backward (B); painful (P); scanty (S); very abundant (V A); interrupted (I).

TABLE OF THE MONTHLY PERIODS.

*Additional particulars:*





TABLE OF THE MONTHLY PERIODS.

*Additional particulars:*



## APPENDIX.

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### I.

#### BREATHING.

‘WHEN I have seen a poor Indian woman in the wilderness, lowering her infant from the breast, and pressing its lips together as it falls asleep in its cradle in the open air, and afterwards looked into the Indian multitude for the results of such a practice, I have said to myself, “Glorious education! Such a Mother deserves to be the nurse of Emperors.” And when I have seen the *careful, tender mothers*, in civilized life, covering the faces of their infants sleeping in overheated rooms, with their little mouths open and gasping for breath, and afterwards looked into the multitude, I have been struck with the evident evil and lasting results of this incipient stage of education; and have been more forcibly struck, and shocked, when I have looked into the Bills of Mortality, which I believe to be so frightfully swelled by the results of this habit, thus contracted, and practised in contravention to Nature’s design.

‘There is no animal in Nature, excepting man, that sleeps with the mouth open; and, with mankind, I believe the habit, which is not natural, is generally confined to civilized communities.’ . . .  
‘If this habit is so destructive to the human constitution, and is caused by sleeping in confined and overheated air, and this under the imprudent sanction of mothers, they become the primary causes of the misery of their own offspring; and to them, chiefly, the world must look for the correction of the error, and, consequently,



## APPENDIX.

the benefaction of mankind. They should first be made acquainted with the fact that their infants don't require heated air, and that they had better sleep with their heads out of the window than under their mother's arm.' . . . 'Lambs, which are nearly as tender as human infants, begin, immediately after they are born, to breathe the chilling air of March and April, both night and day, asleep and awake; which they are able to do, because they breathe it in the way that Nature designed them to breathe. New-born infants in the Savage Tribes are exposed to nearly the same necessity, which they endure perfectly well, and there is no reason why the opposite extreme should be practised in the civilized world, entailing so much misfortune and misery on mankind.

'It is a pity that, at the very *starting-point* of life, Man should be started wrong—that mothers should be under the erroneous belief that, while their infants are awake, they must be watched: but asleep, they are "doing well enough." '

'The mouth of man, as well as that of the brutes, was made for the reception and mastication of food for the stomach, and other purposes; but the nostrils, with their delicate and fibrous linings, for purifying and warming the air in its passage, have been mysteriously constructed, and designed to stand guard over the lungs—to measure the air and equalize its draughts during the hours of repose.

'The atmosphere is nowhere pure enough for man's breathing until it has passed this mysterious refining process; and therefore the imprudence and danger of admitting it in an unnatural way, in double quantities, upon the lungs, and charged with the surrounding epidemic or contagious infections of the moment. The impurities of the air which are arrested by the intricate organizations and mucus in the nose are thrown out again from its interior barriers by the returning breath; and the tingling excitements of the few which pass them cause the muscular involitions of sneezing, by which they are violently and successfully resisted. The air which enters the lungs is as different from that which enters the nostrils as distilled water is different from the water in an ordinary cistern or a frog-pond.' . . .

'The teeth of Man, as with the brutes, are wisely constructed to



## APPENDIX.

answer their intended purposes through the natural term of life, and would so, no doubt, but from abuses, the principal one of which I consider to be the pernicious habit already explained. The saliva exuding from the gums, designed as the Element of the teeth, floods every part of the mouth while it is shut; continually rising, like a pure fountain, from the gums, at the roots of and between the teeth; loosening and carrying off the extraneous matter which would otherwise accumulate, communicating disease to the teeth, and taint to the breath. . . . It is the suppression of saliva, with dryness of the mouth, and an unnatural current of cold air across the teeth and gums during the hours of sleep [and ignorant wakefulness], that produces malformation of the teeth, toothache, and tic-douloureux, with premature decay, and loss of teeth so lamentably prevalent in the civilized world.'

'From the observations, with their results, on board of a Mail Steamer, given in a former page, together with numerous others of a similar nature, made whilst I have been in the midst of Yellow-Fever and the Cholera in the West India Islands and South America, I conscientiously advance my belief that in any town or city where either of those pestilences commences its ravages, if that portion of the inhabitants who are in the nightly habit of sleeping with their mouths open were to change their residence to the country, the infection would soon terminate, for want of subjects to exist upon.'

'If I were to endeavor to bequeath to posterity the most important Motto which human language can convey, it should be in *three* words:

### SHUT—YOUR—MOUTH.

In the social transactions of life, this might have its beneficial results, as the most friendly, cautionary advice, or be received as the grossest of insults; but where I would print and engrave it—in every *Nursery*, and on every *Bed-post* in the Universe, its meaning could not be mistaken; and, if obeyed, its importance would soon be realized.'

It remains to add that the habit of breathing with open mouth is one of the symptoms of throat disorder—catarrh, swelling of the tonsils, with accompanying deafness; and that the obstruction of



the nose for breathing is of serious importance, as increasing, or even giving rise to, a tendency to consumption.

## II.

## NEAR-SIGHTEDNESS IN CHILDREN.

ACCORDING to the best medical authority of the present time, 'a short-sighted eye is a diseased eye.' This being contrary to the general opinion, it is worth while to state what a near-sighted eye is.

The fortunate possessor of a good eye can read a printed page of type like that used on this page at a distance of three feet. He can bring the page gradually nearer, to within three or four inches of his eye, and still be enabled to read, through a conscious effort—an actual muscular effort—of which the rationale is as follows: The rays of light pass through the lens, called crystalline, placed in the central axis of the eye, and are focussed upon the retina, as the picture in a magic lantern is focussed by the lens upon the white sheet. *Distant* rays are exactly focussed by the normal eye at rest, and therefore vision of distant objects is clear. But to focus a *near* object exactly, of course requires a lens of a different shape; and this slight change of shape is actually effected by the aid of a tiny muscle within the eye. When normal eyes are engaged upon objects within a distance of less than a foot, this muscle is constantly at work, adapting the shape of the lens to suit circumstances. Of course, the muscle may become wearied with overwork. It may ache, and set the whole eye aching. More than this, the effort—expressively called 'straining the eye'—produces a pressure upon the coats of the eyeball from within; and in young children these coats are delicate, and may easily acquire a tendency to give way before this constant pressure. The pernicious habit of holding the head down to the book tends to the same result; for, of course, the blood rushes into the eye, crowding it still further, and increasing the tendency—if any exists—to a gradual bulging out of the eye. Here, then, is the whole story. An eye is overworked in such a manner as to make its fluid contents press too severely upon its



## APPENDIX.

coats; the pressure is continued six hours a day for two or three thousand days; the process is begun at an age when the whole body is soft, when even the bones will bend before breaking: the eyeball begins gradually to lose its correct shape; it yields at the back part, and thus becomes slightly elongated. This condition is near-sightedness. The retina, at the rear of the eye, is too far from the lens to receive an image properly focussed. Further optical explanation is here out of place; suffice it to say, that this simple change in the shape of the eyeball constitutes near-sightedness, and that this changed condition is not a healthy one, but often tends to a steadily increasing disorganization of the coats of the eye, producing partial or total blindness in the end.

Dr. Cohn, of Breslau, after some very thorough and extensive experiments, in a neighboring town, upon the school-children of all grades, found no near-sightedness before the school age, but then a steadily-increasing proportion, until of the oldest pupils more than half were near-sighted! He attributed this evil to the desks and seats, which did not correspond to the size of the pupils, left their feet unsupported, brought the book too near the face, and forced the scholar to stoop forward too much. The lighting of the school-room he also found very bad. Overheating, due to poor ventilation, is still another cause of congestion of the eyes, and, like poor light, may do mischief at home as well as at school.

In cases of early myopia, a skilful oculist should be consulted, and always for choosing what glasses should be worn.

RESERVED PAGES.

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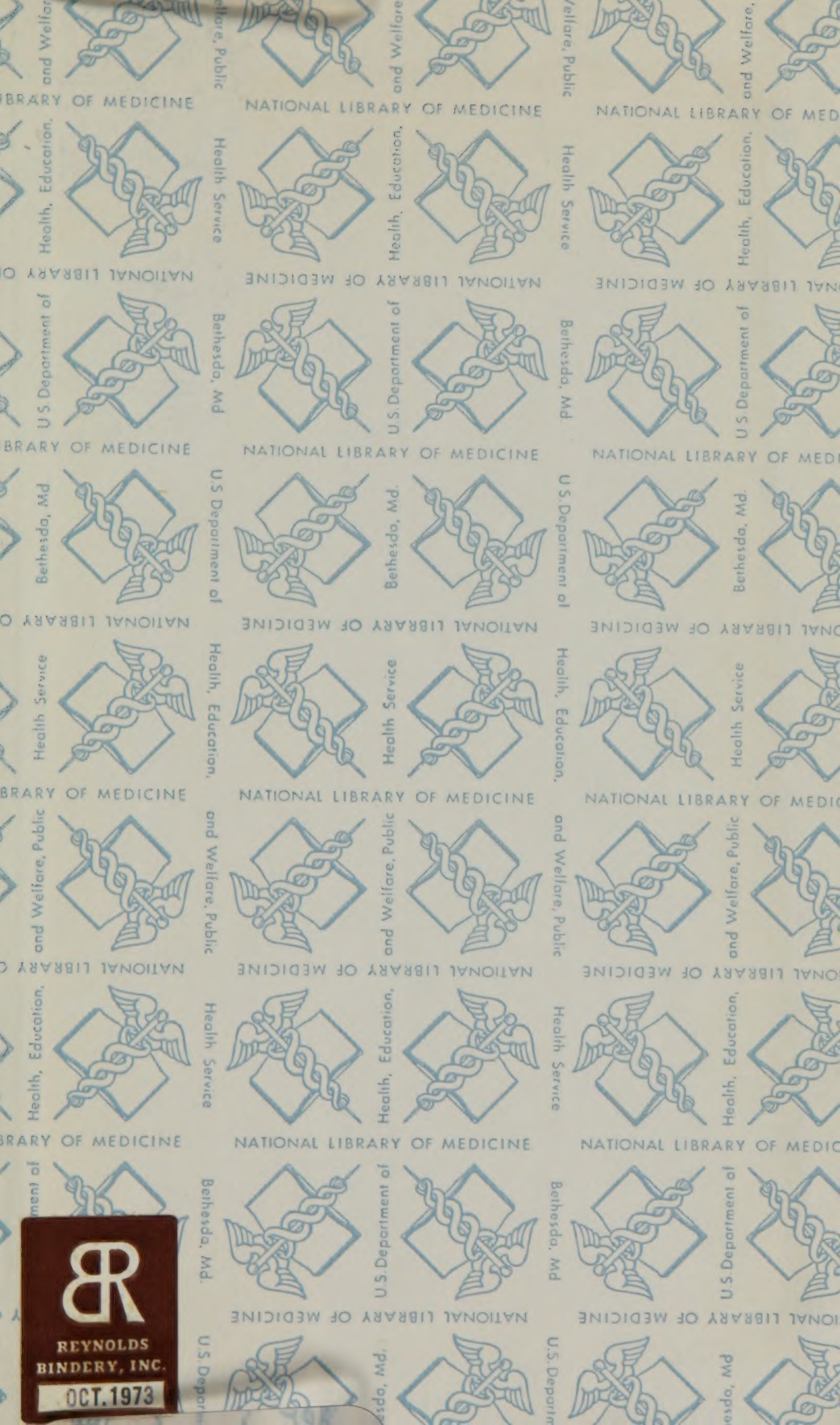










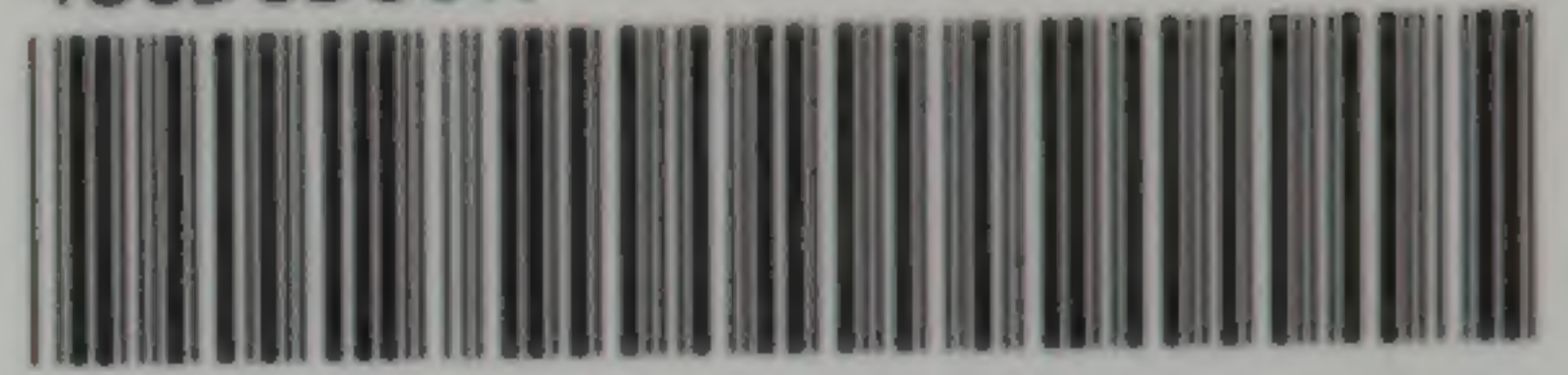


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